

Branch Location: _____

Salesperson: _____

APPLICATION FOR CREDIT

(PLEASE ANSWER ALL QUESTIONS WHEN NO FIGURES ARE INSERTED, WRITE WORD "NONE")

Who is your Rumsey Contact: _____

Date: _____

FIRM NAME		TRADE STYLE		ESTIMATED LINE OF CREDIT REQUESTED	
STREET ADDRESS					
CITY			STATE		ZIP CODE
PHONE		FAX		E-MAIL	
FULL NAME OF OWNER OR AN AUTHORIZED OFFICE OF CORPORATION		HOME ADDRESS FOR PARTNERSHIP/INDIVIDUAL		ZIP CODE	
FULL NAME OF OWNER OR AN AUTHORIZED OFFICE OF CORPORATION		HOME ADDRESS FOR PARTNERSHIP/INDIVIDUAL		ZIP CODE	
ENTITY TYPE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			INVOICE DELIVERY METHOD: <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL <small>(DEFAULT METHOD IS EMAIL)</small>		
FED. TAX NO. (FOR CORP) <small>SEND TAX EXEMPTION FORM IF EXEMPT</small>		MARITAL STATUS		I WOULD LIKE TO RECEIVE PROMOTIONAL MAILINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDITIONAL INFORMATION REQUIRED FOR CONDITIONAL SALES CONTRACTS UNDER THE UNIFORM COMMERCIAL CODE					
DEBTOR <small>(INDIVIDUAL SIGNING CONTRACT)</small>		TITLE		SOCIAL SECURITY NUMBER (FOR PART/IND)	
STREET ADDRESS					
TYPE OF BUSINESS: <input type="checkbox"/> COMMERCIAL CONTRACTOR <input type="checkbox"/> INDUSTRIAL CONTRACTOR <input type="checkbox"/> PROPERTY MANGEMENT <input type="checkbox"/> SYSTEMS INTEGRATOR <input type="checkbox"/> ELECTRICIAN <input type="checkbox"/> INSTITUTION OR GOV'T <input type="checkbox"/> RESIDENTIAL CONTRACTOR/BUILDER <input type="checkbox"/> UTILITY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OEM <input type="checkbox"/> RETAIL					
DATE STARTED		ESTIMATED ANNUAL SALES		FORMER BUSINESS NAME	
LOCATION		OWN OR RENT BUILDING - IF RENT - FROM WHOM?		VALUE	
REAL ESTATE MORTGAGE					
TRADE REFERENCES					
NAME		ADDRESS		PHONE	
E-MAIL					
NAME		ADDRESS		PHONE	
E-MAIL					
NAME		ADDRESS		PHONE	
E-MAIL					
BANK REFERENCE					
NAME OF BANK		ADDRESS		CITY	
STATE		FAX			
CUSTOMER AUTHORIZATION					

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH FOLLOWING TERMS

THE ABOVE INFORMATION AS WELL AS THAT GIVEN ON THE PERSONAL GUARANTY IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

FIRM NAME _____

BY _____

TITLE

BY _____

TITLE

If you have any questions about anything in these forms please contact 610.832.9070
To fax form back please send to 610.941.8183

JOINT PERSONAL GUARANTY

Corporations do not need to fill out the Joint Personal Guaranty

DATE _____ 20____

We, _____ and _____, spouse,
residing at _____, for and in consideration of

your extending at our request credit to _____
(Name to Company)

(hereinafter referred to as the "Company"), of which _____
(Name)

is _____ hereby personally guarantee to you the pay-
(Title)

ment at _____ in the State of _____

of any obligation of the company and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature _____

Witness: _____

Signature _____

Address _____

TO: _____

Authorization for Bank Reference

Date: _____

Your customer _____ has requested credit with us, in order to further process the application please find this signed authorization for request of credit reference. _____ has an order pending your prompt attention is appreciated.

Customer Account Number _____

Customer Authorized Signature X _____

Thank you for your time and cooperation.

Ted Blucas

Credit Manager

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